

[illegible]

12003061

STATE FILE 120-2015-014288
NUMBER

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 1. DECEASED'S LEGAL NAME (Last, first, middle initial, and suffix) Michael Deangelo McDougale | | 5. SEX Male | | 6. RACE Unknown | | 7. DATE OF BIRTH (Month, Day, Year) November 2, 1914 | |
| 8. PLACE OF BIRTH (City, State, and Country) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Spanish <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Other (Specify) | | | | | | | |
| 9. AGENCY (Name of Agency Having Charge of the Record of this or previous report) <input type="checkbox"/> Local (Specify) <input type="checkbox"/> Other (Specify) | | | | | | | |
| 10. AGE AT LAST BIRTHDAY 30 Years | | 11. DATE OF BIRTH (Month, Day, Year) June 14, 1985 | | 12. BIRTH PLACE (City, State, and Country) Mississippi, Neshoba | | 13. BIRTH PLACE (State of Birth) Mississippi | |
| 14. PLACE OF DEATH (City, State, and Country) Neshoba County Jail | | 15. DATE OF DEATH (Month, Day, Year) June 14, 1985 | | 16. TIME OF DEATH (Hour, Minute, Second) Unknown | | 17. PLACE OF DEATH (City, State, and Country) Neshoba | |
| 18. CAUSE OF DEATH (Name of Disease, Injury, or Poison, and Nature of Injury, if any) Philadelphina | | 19. ZIP CODE 39350 | | 20. COUNTY OF DEATH Neshoba | | 21. CITY, TOWN OR LOCATION OF DEATH Philadelphina | |
| 22. SEX OF DECEASED (Male or Female) <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | |
| 23. RACE OF DECEASED (White, Black or African American, Chinese, Filipino, Japanese, Korean, Vietnamese, Puerto Rican, Spanish, American Indian, Hawaiian or Pacific Islander, Other (Specify)) | | | | | | | |
| 24. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown | | | | | | | |
| 25. NAME OF DECEASED'S SPOUSE (Last, first, middle initial, and suffix) Brittney Neese | | | | | | | |
| 26. DATE OF DECEASED'S BIRTH (Month, Day, Year) Unknown | | | | | | | |
| 27. PLACE OF DECEASED'S BIRTH (City, State, and Country) Unknown | | | | | | | |
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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

2/19/2016

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF MISSISSIPPI STATE

VERIFICATION OF PRESENCE OF

EXHIBIT

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